

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90273 050 ***150.00

05/18/01 AV

DOCUMENT # H59959

1. Entity Name
ACTION CRAFT, INC.



Principal Place of Business
**2603 ANDALUSIA BLVD
CAPE CORAL FL 33909**

Mailing Address
**2603 ANDALUSIA BLVD
CAPE CORAL FL 33909**

11010431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2578956**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUARD, PAUL P.
2603 ANDALUSIA BLVD.
CAPE CORAL FL 33909**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GUARD, PAUL P.**
STREET ADDRESS **422 SW 38TH AVE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **D** ☐ Delete
NAME **MCNAUGHTON, NANCY**
STREET ADDRESS **3730 COUNTRY CLUB BLVD**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VD** ☐ Delete
NAME **HORTON, RONALD T.**
STREET ADDRESS **1139 NW 2ND PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **CD** ☐ Delete
NAME **GUARD, JOHN E**
STREET ADDRESS **2508 NW 43RD PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33993**

TITLE **VD** ☐ Delete
NAME **SHEPARD, RICHARD J.**
STREET ADDRESS **5267 SKYLARK COURT**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **D** ☐ Delete
NAME **GUARD, IRENE C**
STREET ADDRESS **2508 NW 43RD PLACE**
CITY-ST-ZIP **CAPE CORAL FL 33993**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul P. Guard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT.

4-25-03

Date

239-574-7008
Daytime Phone #

CR2E034 (10/02)